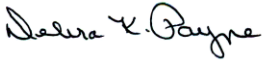
	<p align="center"><b>POLICIES AND PROCEDURES</b></p> <p align="center"><b>State of Tennessee</b> <b>Department of Intellectual and Developmental Disabilities</b></p>	Policy #: 60.5.2	Page 1 of 2
		Effective Date: July 18, 2017	
		Distribution: B	
Policy Type: Administrative		Supersedes: N/A	
Approved by:   <b>Debra K. Payne, Commissioner</b>		Last Review or Revision:	
Subject: CERTIFICATE OF NEED PROCESS			

- I. **AUTHORITY:** Tennessee Code Annotated (TCA) § 4-3-2702(a), TCA 33-1-303, and TCA 68-11-1608.
- II. **PURPOSE:** This policy provides guidance for the review of applications for a Certificate of Need (CON) for Intermediate care facilities for persons with Intellectual disabilities (ICF/IID). Such reviews are provided to the Tennessee Health Services Development Agency (HSDA) as a component of the CON review process. Under the provisions of T.C.A. Section 68-11-1608, it is the Department's responsibility to review any application whose subject matter or funding is within its jurisdiction.
- III. **APPLICATION:** This policy shall apply to workforce members of the Department of Intellectual and Developmental Disabilities (DIDD).
- IV. **DEFINITIONS:** None.
- V. **POLICY:** The Commissioner of the Department of Intellectual and Developmental Disabilities shall designate staff to complete the Department's independent review of the applications. Such staff may also consult with other Department staff to complete the review. The review must take into consideration the information contained in the original and supplemental applications to address the established criteria for the relevant area: an assessment of need, economic feasibility, provision of health care that meets appropriate quality standards and the contribution to the orderly development of adequate and effective health care. Further documentation for additional information or clarification from the applicant may be requested during the review period.
- VI. **PROCEDURES:**
  - A. To complete the review, staff will look at population data, utilization trends including occupancy rate of other ICFs in the geographical area and services by other area providers, familiarity of the provider with licensing requirements, participation in state/federal revenue programs and other revenue sources, project costs, staffing, and other relevant data.
  - B. Designated staff will provide a written report to the HSDA that, at minimum, addresses:

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1. Verification of applicant-submitted information;
2. Documentation or source for data;
3. An analysis of the need for the additional ICF/IID beds in the geographical area;
4. A review of the net operating revenue for the first and second year of operation;
5. A review of the occupancy rate for the facility for the first and second year of operation;
6. Analysis of any potential negative impact on other providers of ICF/IID services in the same geographical area;
7. Analysis of the working relationships of the provider with area hospitals and medical providers;
8. Specific determinations as to whether a proposed project is consistent with any applicable quality measures under Section 68-11-1609(b) and the state health plan; and
9. Further studies and inquiries necessary to evaluate the application under agency rules.

- C. The reviews must be submitted within 60 days of receipt of documentation provided by HSDA.

VII. **CQL STANDARDS:** N/A

VIII. **REVISION HISTORY:** N/A

IX. **TENNCARE APPROVAL:** N/A

X. **ATTACHMENTS:**